## Results of 1998 Validation Study: Analysis of Concurrence Between Core Indicators Data Abstracted by Dialysis Facility Staff and ESRD Network Staff

Special Report # A

1998 ESRD Core Indicators Project



## The Health Care Financing Administration

## February 1999

## **Background**

In 1994 the Health Care Financing Administration (HCFA), in collaboration with the ESRD Networks and the renal community, began demonstrating a new approach to assessing and improving health care provided to Medicare ESRD patients - the ESRD Health Care Quality Improvement Program (HCQIP). The key goal of this approach is to increase to the highest possible level the number of ESRD patients who receive care consistent with current standards of care.

The first activity conducted as part of the ESRD HCQIP was the ESRD Core Indicators Project (ESRD CIP). The ESRD CIP involves the collection of clinical information on a national random sample of adult (> 18 years of age), in-center hemodialysis patients, stratified by ESRD Network area and a national random sample of peritoneal dialysis patients. The clinical information collected included the following: pre- and post-dialysis blood urea nitrogen (to calculate urea reduction ratios (URRs) to assess the adequacy of the dialysis treatment), hematocrit and hemoglobin values, transferrin saturation, ferritin concentration, and use of Epoetin (to assess anemia), serum albumin values and the laboratory method used to assess the values (bromcresol green [BCG] and bromcresol purple [BCP]), and the duration of dialysis sessions. The clinical information was collected for a single point in time (for hemodialysis patients, the last quarter of each year, and for peritoneal dialysis patients, the last two months of the year and the first four months of the following year).

In order to make the results of the 1998 Core Indicators data collection effort available promptly, HCFA distributed the report before the accuracy of the data collected was assessed. The object of this report is to present the results of the concurrence of the core indicators data abstracted by dialysis facility staff and Network staff for the hemodialysis patient sample, the peritoneal dialysis patient sample, and the in-center hemodialysis Health Maintenance Organization (HMO) sample for the 1998 data collection effort.

## **Method - Hemodialysis Patients**

Each Network selected at least 5 facilities in their area and reabstracted data from a sample of approximately 5% of the medical records of hemodialysis patients previously abstracted by ESRD facility staff. The abstraction of the data by dialysis facility staff was conducted during July and August of 1998. The data were reabstracted by the Network staff in the Fall of 1998 and forwarded to HCFA for analysis. Concurrence analysis was conducted by pairing the data from facility staff and Network staff on the patient identification number and the core indicators.

## **Key Findings - Hemodialysis Patients**

A total of 418 records (6% of the original 7092) were reabstracted by the Networks; 396 (95%) of these were matched with data abstracted by the dialysis facilities. Table 1 presents a comparison of clinical characteristics of the two samples. Tables 2A-F present the assessment of the level of concurrence for selected clinical core indicators of data abstracted by dialysis facility staff and data abstracted by ESRD Network staff. The lowest level of agreement, 88% was found for Epoetin dosage data; all other core indicators examined had levels of agreement ≥ 95%.

## **Conclusion - Hemodialysis Patients**

Overall, a high degree of concurrence was found between the two datasets. The clinical characteristics of adult, incenter hemodialysis patients in the 1998 ESRD CIP are essentially the same when data are abstracted by dialysis facility staff as when data are abstracted by ESRD Network staff. The data show that important opportunities to improve care for these patients remain.

TABLE 1. Clinical characteristics of adult, in-center hemodialysis patients using data abstracted by dialysis facility staff compared to ESRD Network staff (n=396), 1998 ESRD Core Indicators Project.

Clinical Indicators & Patient Characteristics	Abstracted by Facility staff	Abstracted by Network staff
Adequacy of Dialysis		
Urea Reduction Ratio (URR)	(n=378)	(n=375)
URR ≥ 65%	76%	77%
SIRK <u>-</u> 05 /0	7.676	1770
Average URR	69.3% (40.0%-80.0%)	69.6% (40.0%-80.0%)
Average time per dialysis session (min.)	(n= 395)	(n= 394)
Trerage time per diaryons session (mini)	210 (90-300)	208 (110-300)
Anemia Management		
	(n= 396)	(n=395)
Hematocrit <28%	6%	5%
Hemocrit ≥ 33%	53%	53%
Hemocrit 33%-36%	44%	43%
Average Hematocrit (%)	32.9 (15.8-46.4)	32.9 (15.8-46.6)
	(n=385)	(n=385)
Hemoglobin 11-12 gm/dL	40%	40%
Average Hemoglobin (gm/dL)	10.7 (5.5-15.7)	10.7 (5.5-15.7)
	(n=369)	(n=332)
Transferrin saturation $\geq 20\%$	76%	77%
Average transferrin saturation	30.7 (7.0-114.0)	30.1 (7.0-98.0)
	(n=369)	(n=361)
Ferritin concentration ≥ 100 ng/mL	84%	85%
Average ferritin concentration (ng/mL)	512 (11-3526)	529 (11-3526)
A construction loss ( a literature 1)	(n= 275)	(n-274)
Average Epoetin dose (units per week)	(n= 375) 13,000 (1,000-72,000)	(n= 374) 14,477 (1,167-72,000)
	15,000 (1,000-72,000)	14,4// (1,10/-/2,000)
Serum Albumin (gm/dL)	(n= 396)	(n= 395)
Average albumin (BCG)	3.8 (1.5-5.5)	3.8 (1.5-5.5)
Average albumin (BCP) (BCG=bromcresol green; BCP=bromcresol purple)	3.7 (2.0-4.7)	3.6 (2.0-4.5)
Low albumin <3.5 gm/dL(BCG)or <3.2gm/dL(BCP)	16%	17%

## TABLES 2A-2F. Level of concurrence (%) between data abstracted by dialysis facility staff and ESRD Network staff for selected core indicators for hemodialysis patients, 1998 ESRD Core Indicators Project.

The method used to obtain the percent agreement is presented in the table below. Cells a and d represent instances when both Network and Facility staff reported the same values for a core indicator. These two cells represent agreement. On the other hand, cells b and c represent cases when there was disagreement between the two sources of data on a value for a particular core indicator.

	Network data					
ı		+	-			
Facility data	+	a	b	a+b		
ıcilit	-	С	d	c+d		
F		a+c	b+d	Total		

Level of concurrence =  $\underline{a} + \underline{d} \times 100$ Total

Facility data

## 2A. Adequacy of dialysis (URR):

Network data

	Network data				
а		<65%	š65%	Total	
Facility data	<65%	78	11	89	
acilit	š65%	8	277	285	
F	Total	86	288	374	

Level of concurrence =  $\overline{28 + 277} = 95\%$ 374

#### 2C. Transferrin Saturation § 20%:

Network data

11CtWOIR data			
	< 20 %	š20%	Total
< 20%	70	1	71
š20%	0	246	246
Total	70	247	317

Level of concurrence = 70 + 246 = 99%317

## 2E. Epoetin Dosage (units per week):

N	et	**7	01	b.	de	1+0
- 17	CI.	w	w	_	u	11.6

	TYCTWOTK data				
		< 14,000	š 14,000	Total	
data	< 14,000	196	33	229	
гасшту	š14,000	11	129	140	
Гас	Total	207	162	369	

Level of concurrence =  $\underline{196}$  + 369

	<28%	š28%	Total
<28%	19	3	22
š28%	1	372	373
Total	20	375	395

#### Network data

	Tietwork data			
		<100 ng/mL	š100 ng/mL	Total
	<100 ng/mL	53	2	55
	š100 ng/mL	0	300	300
	Total	53	302	355

Level of concurrence = 53 + 300 = 99%355

2F. Low serum albumin values (< 3.5/3.2gm/dL by BCG/BCP methods)

Network data

	TICEWOIK data			
		<3.5/3.2 gm/dL	š3.5/3.2 gm/dL	Total
	<3.5/3.2 gm/dL	56	6	62
Facility data	š3.5/3.2 gm/dL	12	321	333
Faci	Total	68	327	395

Level of concurrence =  $\underline{56+321} = 95\%$ 

2B. Severe anemia (hematocrit < 28%):

Network data

#### **Method - Peritoneal Dialysis Patients**

Data from November 1997 through April 1998 were abstracted by dialysis facility staff during July and August of 1998. During the Fall of the same year, Network staff reabstracted a total of 75 records, approximately 5% of the 1371 originally abstracted by dialysis facility staff. Seventy-five (100%) of those records were matched with records abstracted from facility staff for the analysis presented in this report. More than 710 peritoneal dialysis facilities submitted data for analysis. The reabstracted data were computerized at each Network and forwarded to HCFA for analysis. Concurrence analysis was conducted by pairing the data abstracted by facility staff and the data abstracted by Network staff using the patient identification number. The percentage of concurrence of data abstracted by the facility staff and reabstracted by the Network staff was calculated for the following indicators: low serum albumin(<3.5 gm/dL or <3.2 gm/dL based on laboratory method used), hematocrit values <28%, hematocrit values >30%, transferrin saturation  $\geq$  20%, ferritin concentration  $\geq$  100 ng/mL, diastolic blood pressure >90mmHg, systolic blood pressure >150mmHg, and Epoetin dosage  $\geq$  10,000 units/week. (Tables 4A-4G).

## **Key Findings - Peritoneal Dialysis Patients**

All core indicators examined had a level of agreement >91%.

#### **Conclusion - Peritoneal Dialysis Patients**

Overall, a high degree of concurrence was found between the two data sets. The clinical characteristics (core indicators) of adult, peritoneal dialysis patients in the 1998 ESRD-CIP are essentially the same when data are abstracted by ESRD facility staff as when data are abstracted by ESRD Network staff. The data show that important opportunities for improvement remain.

TABLE 3. Clinical characteristics of adult, peritoneal dialysis patients using data abstracted by the dialysis facility staff

compared to ESRD Network staff (75), 1998 ESRD Core Indicators Project.

Clinical Indicators & Patient Characteristics	Abstracted by Facility Staff	Abstracted by Network Staff
Anemia Management Hematocrit <28% Hematocrit ≥ 33%	(n= 75) 13% 48%	(n= 74) 12% 45%
Hematocrit 33%-36% Hematocrit >30%	40% 65%	35% 64%
Average hematocrit (%)	32.4 (20.6-43.7)	32.3 (21.1-42.3)
Hemogloblin 11-12 gm/dL Average Hemogloblin (gm/dL)	(n=74) 36% 10.7 (7.0-14.5)	(n= 75) 36% 10.6 (7.0-14.1)
Transferrin saturation ≥ 20% Average transferrin saturation (%)	(n=64) 72% 27.3 (6.5-95.0)	(n=66) 77% 27.8 (6.5-95.0)
Ferritin concentration ≥ 100 ng/mL Average ferritin concentration (ng/mL) Average Epoetin dose (units per week)	(n=70) 81% 350 (12.5-1909) (n= 64) 10,949 (1,000-30,000)	(n=71) 79% 396 (12.5-4590) (n= 66) 10,970 (1,000-30,000)
Serum Albumin Low albumin (<3.2 gm/dL BCP/<3.5 gm/dL BCG) (BCG=bromcresol green; BCP=bromcresol purple)	(n=74) 42%	(n=75) 41%
Blood Pressure Pre-dialysis systolic blood pressure >150 mmHg Average pre-dialysis systolic blood pressure	(n=72) 26% 138 (95-195)	(n=71) 28% 137 (90-180)
Pre-dialysis diastolic blood pressure >90 mmHg Average pre-dialysis diastolic blood pressure	(n=73) 16% 80 (39-105)	(n=72) 15% 79 (36-110)

# TABLES 4A-4G. Level of concurrence (%) between data abstracted by the dialysis facility staff and ESRD Network staff for selected core indicators for peritoneal dialysis patients, 1998 ESRD Core Indicators Project.

The method used to obtain the percent agreement is presented in the table below. Cells a and d represent instances when both Network and Facilities staff reported the same values for a core indicator. These two cells represent agreement. On the other hand, cells b and c represent cases when there was disagreement between the two sources of data on a value for a particular core indicator.

4A. Low serum albumin (<3.2gm/dL BCP or <3.5gm/dL BCG):

	Network data				
data		< 3.5/3.2 gm/dL	<u>š</u> 3.5/3.2 gm/dL	Total	
lity c	< 3.5/3.2 gm/dL	28	3	31	
Facility	<u>š</u> 3.5/3.2 gm/dL	2	41	43	
	Total	30	44	74	
	I evel of	concurrence -	- 28±41  - 93%		

Level of concurrence =  $\frac{28+41}{74}$  = 93%

4B.1. Hematocrit level <28%:

	Network data					
а		<28%	š28%	Total		
Facility data	<28%	9	1	10		
cilit	š28%	0	64	64		
Fē	Total	9	65	74		

Level of concurrence =  $\frac{9+64}{74}$  = 99%

4B.2. Hematocrit level >30%:

	Network data							
ıta		~30%	>30%	Total				
Facility data	~30%	25	1	26				
	>30%	2	46	48				
F	Total	27	47	74				

Level of concurrence =  $\frac{25+46}{74}$  = 96%

4C. Epoetin Dosage (units per week):

	Network data							
_		<10,000	š10,000	Total				
Facility data	<10,000	24	2	26				
	š10,000	1	35	36				
Fa	Total	25	37	62				
Level of concurrence = $24+35 = 95\%$								

62

4D. Transferrin Saturation § 20%:

Network data

Level of concurrence = $15+$	<u>42</u> = 959
	60

4E. Ferritin concentration § 100ng/mL:

	Network data			
	<100 Š100 Total ng/mL ng/mL			
<100 ng/mL	13	0	13	
š100 ng/mL	2	54	56	
Total	15	54	69	

Level of concurrence =  $\frac{13+54}{69}$  = 97%

4F. Diastolic blood pressure:

	Network data				
	~90 >90 Total				
~90	57	2	59		
>90	3	9	12		
Total	60	11	71		

Level of concurrence = 57+9=93%

71

4G. Systolic blood pressure:

	Network data			
	~150 >150 Total			
~ 150	48	3	51	
>150	3	16	19	
Total	51	19	70	

Level of concurrence = 48+16 = 91%

acility data

	<20%	š20%	Total
<20%	15	3	18

#### **Method - HMO Patients**

Data from October - December 1997 for a separately drawn national random sample (n=500) of identified HMO incenter hemodialysis patients were abstracted by facility staff during July and August of 1998. Each Network selected at least one patient from their HMO sample so that approximately 5% of this sample would have data reabstracted for validation purposes. The data were reabstracted by Network staff in the Fall of 1998 and forwarded to HCFA for analysis. Concurrence analysis was conducted by pairing the data from facility staff and Network staff on the patient identification number and the core indicators.

## **Key Findings - HMO Patients**

A total of 34 records (7% of the 482 originally abstracted by facility staff) were re-abstracted by Network personnel.

Thirty-four (100%) were matched with data abstracted by the dialysis facilities. Table 5 presents a comparison of clinical characteristics of the two samples. Tables 6A-F present the assessment of the level of concurrence for selected clinical core indicators of data abstracted by dialysis facility staff and data abstracted by ESRD Network staff. All core indicators examined had a level of agreement \$ 93%.

#### **Conclusion - HMO Patients**

Overall, a high degree of concurrence was found between the two datasets. The clinical characteristics of adult-in-center hemodialysis patients enrolled in an HMO in the 1998 ESRD-CIP are essentially the same when data are abstracted by dialysis facility staff as when data are abstracted by ESRD Network staff. The data show that important opportunities to improve care for these patients remain.

TABLE 5. Clinical characteristics of adult, in-center hemodialysis HMO patients using data abstracted by the dialysis facility staff compared to ESRD Network staff (n=34), 1998 ESRD Core Indicators Project.

Clinical Indicators & Patient Characteristics	Abstracted by Facility Staff	Abstracted by Network Staff
Adequacy of Dialysis		
Urea Reduction Ration (URR)	(n=29)	(n=30)
URR > 65%	86%	80%
<del>-</del>		
Average URR	70.3 (50.0-80.0)	69.7 (50.0-80.0)
Average time per dialysis session (min.)	(n=33)	(n=34)
Trotage and per dailysis session (min)	201 (145-300)	203 (145-300)
Anemia Management		
	(n=34)	(n=34)
Hematocrit < 28%	9%	3%
Hematocrit $\geq 33\%$	56%	59%
Hematocrit 33%-36%	50%	53%
Average Hematocrit (%)	33.0 (26.1-38.4)	33.2 (26.1-38.4)
<del>-</del>	(n=34)	(n=34)
Hemogloblin 11-12 gm/dL	47%	50%
Average Hemogloblin (gm/dL)	11.0 (8.6-12.8)	11.0 (8.6-12.8)
Transferrin saturation > 20%	(n=31)	(n=29)
Transierrin saturation $\geq 20\%$	77%	79%
Average transferrin saturation (%)	27.5 (8.0-45.3)	29.1 (8.0-45.3)
Ferritin concentration > 100 ng/mL	(n=28)	(n=27)
<u>-</u> v	93%	93%
Average ferritin concentration (ng/mL)	500 (42-1692)	459 (42-919)
Average Epoetin dose (units per week)	(n=33)	(n=33)
	15,417 (1,667-30,000)	15,390 (1,667-31,400)
Serum Albumin (gm/dL)		
Average albumin (BCG)	(n=34)	(n=34)
. , ,	3.9 (3.3-4.7)	3.9 (3.3-4.7)
Average albumin (BCP)		
(BCG=bromcresol green; BCP=bromcresol purple)	3.6 (3.3-3.8)	3.6 (3.3-3.8)
Low albumin <3.5 gm/dL(BCG) or <3.2 gm/dL(BCP)	12%	12%

## TABLES 6A-6F. Level of concurrence (%) between data abstracted by the dialysis facility staff and ESRD Network staff for selected core indicators for in-center hemodialysis HMO patients, 1998 ESRD Core Indicators Project.

The method used to obtain the percent agreement is presented in the table below. Cells a and d represent instances when both Network and Facilities staff reported the same values for a core indicator. These two cells represent agreement. On the other hand, cells b and c represent cases when there was disagreement between the two sources of data on a value for a particular core indicator.

	Network data							
		+	-					
а	+	a	b	a+b				
Facility data	-	С	d	c+d				
cilit		a+c	b+d	Total				
$F_2$	Leve	el of concurrenc	e = a + d	x 100				

Total

6A. Adequacy of dialysis (URR):

	Network data				
		<65%	š65%	Total	
ata	<65%	4	0	4	
Facility data	š65%	2	23	25	
Facil	Total	6	23	29	
	Level of concurrence = $\underline{4+23} = 93\%$				
				29	

6C. Transferrin Saturation §20%:

	Network data						
		<20%	š20%	Total			
ta	<20%	5	1	6			
Facility data	š20%	1	21	22			
acilii	Total	6	22	28			
ĬΫ́	Lava	l of concurrer	$300 - 5 \cdot 21 - 6$	30%			

Facility data

Network data					
<28% š28% Total					
<28%	1	2	3		
š28%	0	31	31		
Total	1	33	34		
Level of concurrence = 1 +31 = 94%					

34

6D. Ferritin concentration §100 ng/mL:

Network data

		<100 ng/mL	š100 ng/mL	Total
acting cata	<100 ng/mL	2	0	2
	š100 ng/mL	0	25	25
	Total	2	25	27

Level of concurrence =  $\underline{2+25} = 100\%$ 

6F. Low serum albumin values (<3.5/3.2 gm/dL by BCG/BCP methods)

6E. Epoetin Dosage (units per week):

		Network data				
σ		<15,000	š15,000	Total		
y uata	<15,000	12	1	13		
асину	š15,000	1	19	20		
1.0	Total	13	20	33		
	Level of concurrence = 12+19 = 94%					

Network data					
	<3.5/3.2 gm/dL	š3.5/3.2 gm/dL	Total		
<3.5/3.2 gm/dL	4	0	4		
š3.5/3.2 gm/dL	0	30	30		
Total	4	30	34		

Level of concurrence = 4+30 = 100%

## Acknowledgment

The Health Care Financing Administration wishes to acknowledge the following groups without whose efforts this report would not have been possible:

- L The eighteen ESRD Network Organizations;
- L Staff at more than 2,000 dialysis facilities;
- L Staff from HCFA's Office of Clinical Standards and Quality, Baltimore, MD

Look for this report and other ESRD Core Indicators Project Reports on the Internet

http://www.hcfa.gov/quality/qlty-3c.htm

This Report was prepared by:

The U.S. Department of Health and Human Services

Division of Acute and Chronic Disease Management
Office of Clinical Standards and Quality
Health Care Financing Administration
7500 Security Boulevard
Baltimore, Maryland 21244

February 1999

If you have any comments regarding this report or ideas for other ESRD Core Indicators Project Reports, please write to the ESRD program team at the address above.

